



THE
MUSCOGEE (CREEK) NATION

Human Services /Energy Program
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Okmulgee, OK 74447
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JAMES R. FLOYD
PRINCIPAL CHIEF

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SECOND CHIEF

June 1, 2016

Dear Applicant:

The Human Services Energy Program will be accepting new applications during the cooling season beginning June 1, 2016 through September 22, 2016. The Energy Program consists of a Tribal Energy Program and Low Income Home Energy Assistance Program (LIHEAP). Both programs are designed to assist in a payment toward your cooling bill. Unfortunately, you can only qualify for one program during the cooling season. Energy staff will work with the applicants to determine the best program for your need.

The Tribal Energy Program provides assistance to Muscogee (Creek) Nation Citizens nationwide who are elderly or permanently disabled in the amount of \$400 per season. It is not an income based program. Payments are made directly to the vendor.

The Low Income Home Energy Assistance Program (LIHEAP) provides assistance to Native American households within the Muscogee (Creek) Nation boundaries. LIHEAP is a block grant and is seasonal. Assistance includes a payment towards a Cooling bill. The amount of assistance varies and is based on the number of members in the household and income received in the household. Payments are made directly to the vendor.

Eligibility Requirements:

- Tribal Enrollment Cards or CDIB cards for all household members (copy)
- Social Security Cards for all household members (copy)
- Birth Certificates and/or driver licenses for non-indian household members (copy)
- Income verification for all household members
- Utility Bill (bill must be in the applicant or spouse's name...**no exceptions**)
- Additional information may be required to determine eligibility

Please allow up to 45 days for the application process and payment to be issued to the vendor. All applicants **MUST** continue to pay their bill during this process. Assistance is based on availability of funds.

Should you have any concerns, please contact the Energy Program Staff at 918-549-2445 during regular business hours.

Mvto!

Energy Program



**Muscogee (Creek) Nation
Social Services Department
Social Services Office
Application**

APP#: _____

SECTION 1. HOUSEHOLD INFORMATION

A. Head of Household Name: _____ **Maiden Name:** _____

Is the Head of Household Indian? Yes No **If yes, please list Tribe/Roll#:** _____

Marital Status: Single In Relationship Married Separated Divorced Widow/er

B. Spouse/Significant Other Name (if applicable): _____ **Maiden Name:** _____

Is the Spouse/Significant Other Indian? Yes No **If yes, please list Tribe/Roll#:** _____

C. Is the Head of Household non-Indian and applying on behalf of an Indian minor? Yes No

Minor Name: _____ **DOB:** _____ **SSN#:** _____

Please check if the Head of Household or Spouse/Significant Other is: Legal Parent Legal Guardian
Foster Parent Other: _____

D. Are you or any household member receiving any of the following? (Please check all that apply.)

Social Security Administration (SSA) Supplemental Security Income (SSI)
Social Security Disability (SSDI) Retirement Pension

E. Are you or any household member a Veteran? Yes No **Are you receiving disability?** Yes No

F. Do you or any of the household members receive SNAP or Commodities? Yes No

SNAP Amount Received _____ **Effective Dates:** _____

Commodities Effective Dates: _____

G. Do you or any household member receive Temporary Assistance for Needy Families (TANF)?

Yes How much a month? _____ No

H. Are you applying for services due to a Child Welfare case? Yes No **Through which office?** DHS Tribal

Case Worker Name: _____ **Phone Number:** _____

I. Are you in an abusive relationship? Yes No

Are you being stalked? Yes No

Have you been sexually assaulted? Yes No

Do you feel unsafe in your home? Yes No

**MCN Family Violence Prevention Program
918-732-7979**

If you answered yes, please call to speak with an advocate or ask the MCN Social Services staff to assist you.

J. Are you or any of your household members a member of a Muscogee (Creek) Nation Indian Community Center or Tribal Town?

Yes No **If yes, which Community Center?** _____

Yes No **If yes, which Tribal Town?** _____

SECTION 2. CONTACT INFORMATION

A. Address: _____
County: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **Message Phone:** _____ **Email:** _____
Best way to contact (check all that apply): **Phone Call** **Text** **Mail Letter** **Email**

SECTION 3. HOUSING SITUATION

A. Renter/Amount _____ **/month** **Homeowner/Mortgage Amount** _____ **/month**
Homeless/Staying with family or friends. Please list the person you are staying with: _____
Other: _____

B. What utilities do you pay? (necessity utilities only)
 Electric **Gas** **Water** **Propane** **Other:** _____

SECTION 4. HOUSEHOLD COMPOSITION

HOUSEHOLD MEMBER NAME	DOB	SSN#	TRIBE/ROLL#	RELATION TO HEAD OF HOUSEHOLD
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

SECTION 5. INCOME VERIFICATION PLEASE LIST ALL INCOME FOR THE HOUSEHOLD EARNED AND UNEARNED INCOME

(Employment, Unemployment Benefits, Child Support, TANF, SSA, SSI, SSDI, VA, Retirement, Royalties, etc.)

HOUSEHOLD MEMBER NAME	INCOME (GROSS AMOUNT)	HOW OFTEN				
1.		DAILY	WEEKLY	BI-WEEKLY	MONTHLY	SEMI MONTHLY
2.		DAILY	WEEKLY	BI-WEEKLY	MONTHLY	SEMI MONTHLY
3.		DAILY	WEEKLY	BI-WEEKLY	MONTHLY	SEMI MONTHLY
4.		DAILY	WEEKLY	BI-WEEKLY	MONTHLY	SEMI MONTHLY
5.		DAILY	WEEKLY	BI-WEEKLY	MONTHLY	SEMI MONTHLY
6.		DAILY	WEEKLY	BI-WEEKLY	MONTHLY	SEMI MONTHLY

*****OFFICE USE ONLY*****

TOTAL GROSS MONTHLY INCOME:	Does applicant have the ability to maintain?	Yes	No
TOTAL GROSS ANNUAL INCOME:		Amount _____	

SECTION 6. EMPLOYMENT/EDUCATION STATUS**A. HEAD OF HOUSEHOLD****Employed**

Full-time

Part-time

Medical Leave

1st Employer _____

Start Date _____

2nd Employer _____

Start Date _____

Notes: _____

Highest education (please c\YWV) 8 9 10 11 12 GED College Degree _____

Other: _____ Other: _____

Are you interested in furthering your education? Yes No

Unemployed

Laid Off

Terminated

Resigned

Disabled

Homemaker

Last Employer _____

Last date worked _____

Did you file for unemployment? Yes No

Decision _____

B. SPOUSE/SIGNIFICANT OTHER**Employed**

Full-time

Part-time

Medical Leave

1st Employer _____

Start Date _____

2nd Employer _____

Start Date _____

Notes: _____

Highest education (please c\YWV) 8 9 10 11 12 GED College Degree _____

Other: _____ Other: _____

Are you interested in furthering your education? Yes No

Unemployed

Laid Off

Terminated

Resigned

Disabled

Homemaker

Last Employer _____

Last date worked _____

Did you file for unemployment? Yes No

Decision _____

SECTION 7. WHAT IS YOUR SITUATION AND THE REASON YOU ARE REQUESTING ASSISTANCE?

SECTION 8. WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING?

Rent and/or deposit payment	How much? Rent _____ Deposit _____
Mortgage payment	How much? Payment _____ Deposit _____
Electric and/or deposit payment	How much? Payment _____ Deposit _____
Gas/Propane/Wood and/ or deposit payment	How much? Payment _____ Deposit _____
Water and/or deposit payment	How much? Payment _____ Deposit _____
Other: _____	
Other: _____	
Other: _____	

Energy Assistance (Heating: Dec – March /Cooling: June – Sept)**Medical Travel Assistance: (please complete below)**

Date of Appointment(s):_____

Where is the doctor/hospital located?_____

_____Overnight stay required? **Yes** **No**

Type of vehicle to be driven? (Year, Make, Model)

Medical Condition/Problem:_____

Who will be traveling with you? _____

Natural Disaster Assistance: (please complete below)

Fire	Date: _____	Comments: _____
Tornado	Date: _____	Comments: _____
Flood	Date: _____	Comments: _____
Hurricane	Date: _____	Comments: _____
Earthquake	Date: _____	Comments: _____
Other	Date: _____	Comments: _____
Other	Date: _____	Comments: _____

What are your immediate needs? (shelter, food, clothing, etc.)

SECTION 9. DUPLICATION OF SERVICES

My household and I **HAVE NOT** received assistance from any state, local, community, federal or tribal organization within the last 12 months.

My household and I **have** received assistance from:

AGENCY

Tribal Agency _____
Tribal Town _____
Indian Community Center _____
Church _____
LIHEAP _____
DHS _____
Other _____
Other _____
Other _____

UTILITY

Rent/Mortgage payment or deposit
Electric bill or deposit
Gas, Wood, Propane bill or deposit
Water bill or deposit
Other _____
Other _____
Other _____
Other _____
Other _____

****WE VERIFY ALL INFORMATION WITH ALL VENDORS. IF YOU HAVE NOT PAID YOUR BILL ON YOUR OWN IN THE LAST 6 MONTHS, YOU WILL NOT BE ELIGIBLE FOR ASSISTANCE THROUGH THE SOCIAL SERVICES OFFICE UNLESS YOU PAY A PORTION YOURSELF****

SECTION 10. PUBLIC DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST

Per 24 CFR 1000.30 (b) and (c), applicants applying for Housing/NAHASDA program are required to provide the following:

Are you and/or any immediate family member an employee of Muscogee (Creek) Nation or any other entity under the Nation? Yes No

Name: _____	Relation: _____
Name: _____	Relation: _____
Name: _____	Relation: _____

DISCLOSURE

FAIR HEARINGS STATEMENT:

Once the Social Services Office is in receipt of an application, it will be considered pending until all documentation required is received or up to 15 business days, whichever comes first. After 15 business days, the application will be denied. All required documentation must be received in order for eligibility to be determined. If the applicant feels the decision of the Social Services staff is in error, he/she may file a written appeal, within 10 business days from the date on the letter of denial, to the director of the Social Services Department. The Social Services director will forward the appeal letter to the Appeals Team for review and a decision will be made within 10 business days from receiving the appeal letter. All decisions will be based according to tribal and federal law, and the programs policies and procedures to ensure the integrity of the department.

PRIVACY ACT STATEMENT:

The MCN Social Services Department cannot give out applicant's information. However, Social Services can share the information with other Federal, State, Tribal offices, programs and/or businesses who have some responsibility with the services for which the applicant is applying. For any other person or program wanting information from the applicant's case file, the applicant must first give his/her consent by signing the release of information section below.

FRAUD STATEMENT:

All information pertinent to services requested is subject to verification. This includes, but is not limited to, landlords, mortgage companies, utility companies, employer, funeral homes, schools, etc. Falsification of this information shall be grounds for 1) denial of application, 2) not eligible to receive assistance for six (6) months up to a year, 3) all parties, agencies, tribes, etc. will be notified, and 4) may be forwarded to the MCN Attorney General's Office if further action is needed.

RELEASE OF INFORMATION:

Should you choose a friend or family member to receive or give information to our staff in regards to the application, please list their name, relation, and ***last four digits*** of their social security number for identification purposes:

Name: _____ Relation: _____ SSN: XXX-XX- _____

Name: _____ Relation: _____ SSN: XXX-XX- _____

Name: _____ Relation: _____ SSN: XXX-XX- _____

This Release of Information will remain in effect for one (1) year from date of signature or until you request to rescind authorization. **Should you choose a family member or friend to obtain information, you must check the box below authorizing it. Should you fail to check either box and/or sign, your application will be considered incomplete and will be sent back to you.**

I authorize the Social Services Department to obtain and/or exchange information with the person(s) listed above.

I do not wish to list any person(s).

CERTIFICATION:

By signing below, I certify I have read this application or had this application read to me and that all information provided by me, oral and written, is true and accurate. I also acknowledge I have read and understand the Fair Hearing Statement, Privacy Act Statement, Fraud Statement, and the Release of Information Section.

Head of Household Name (printed): _____ Date: _____

Head of Household Signature: _____

*****OFFICE USE ONLY*****

Staff Member Name: _____

Date Completed: _____

Application(s) taken: _____
